

material of the same character as before. In different directions a probe would pass to a depth of from two to four inches. He was in this general condition, growing steadily worse, when first seen by the reporter. At this time he moved in bed with difficulty, was very pale and emaciated, pulse weak, sweating easily, and looked much like one in an advanced stage of consumption. On the right side, over the ribs, was a brawny, livid swelling, with several sinuses, into which the probe passed to different depths. The patient was coughing frequently, and raising sputum much like that of consumption. An incision into one of the little areas gave vent to sanguineous fluid, in which were little yellow particles, like minute particles of cheese. There was an extensive area of dullness, the liver seemed much enlarged, and either it was enlarged upward or the lower portion of the lung was consolidated; still dullness, upon percussion, extended almost up to the line of the nipples. Microscopical examination of specimens of the sputum and of the discharge showed abundant actinomycotic fungi. An attempt at relief was made by resecting the three ribs most involved in the mass. A large portion of sloughing tissue was cut away with the ribs, and the sharp spoon was used freely without reaching the limit of the diseased mass. The collapse of the patient necessitated the suspension of the operation. Death from shock shortly afterward occurred.—*Buffalo Medical and Surgical Journal*.

II. A Case of Actinomycosis of Intestine. By DR. S. LAACHE (Christiania). A coachman, thirty-eight years of age, had always been well, except two years before, when he sought medical aid on account of a digestive disturbance. This was relieved by diet, though his friends observed that he had been very anæmic for several months. Two months before entering the hospital (November 28, 1888), he had noticed the dyspeptic symptoms more than ever, heaviness after meals, vomiting, an indefinite painfulness in both groins, running over to the insides of the thighs, while soon after he began to notice a disagreeable scratching feeling in the left side of

the abdomen. Four weeks before entrance they increased in severity, and radiated out toward the two iliac fossæ, especially the left; they were not always present, but especially on violent exertion or heavy lifting. During the last four weeks he had slight nocturnal chills, being especially confined to the legs, which could not be gotten warm, while the last few nights he had had sweats. Three weeks before he had observed a tumor, which rapidly increased in size, during the past fourteen days suddenly to cease growing. Great emaciation in the last two months had become especially noticeable during the past two weeks, with constipation. The tumor was situated to the left of the umbilicus, a circular prominence of eight centimetres diameter, with the skin of a normal appearance, displaceable and unattached to the growth. The surface gave one the impression of a round, somewhat uneven prominence, well circumscribed at all points, except below where it seemed to go down into the depth of the pelvis, to be attached to the iliac fossa, and to be of an oblong shape. It was hard and of equal consistence, except a little spot in the centre, of the size of a quarter of a dollar, which was fluctuating. The tumor was immovable, and only on deep pressure was it sensitive. In the right iliac fossa a second tumor, of the size of a hazel nut, immoveable and non-sensitive, was palpable in the depth of the pelvis. There were also other tumors, of the size of a bean, in the vicinity of this second one, but they were not pointed like the larger one. Both groins presented a group of enlarged glands as large as a pea to that of a bean, and hard. On auscultation and percussion, coarse and sibilant râles were audible in the upper parts of both lungs. Urine normal. A trial puncture was made in the softened spot in the centre of the first tumor, and pus aspirated. No tubercle bacilli were to be made out, but on adding caustic potash to the pus, microscopically, several pale, rosette-like formations could be discerned, but no pronounced "actinomyces rosettes" could be found. The tumor continued to increase in size, the area of fluctuation to widen, until the greater portion of the surface of the skin on the left side of the abdomen, from the border

of the ribs to the inguinal fold, and from the linea alba to the anterior axillary line, was occupied. The skin over it was of a bluish color, while the whole abscess was opened and scraped, the bottom being apparently formed by the transversalis fascia. A large quantity of pus was evacuated, containing numerous yellowish points, of the color of sulphur and of the size of a pin-head. The cavity was packed with iodoform gauze and dressed. On changing the dressing the cavity was granulating, and with but little secretion. He complained but little of his disease, and was only bothered by a hacking cough. The rhonchous and sibilant râles increased in number, his general condition became worse, œdema of the malleoli and lumbar region set in, actinomycotic rosettes were discovered, two abscesses developed in the right groin, which were opened, the dyspnoic attacks increased in severity, his strength became very reduced, the cough grew obstinate, though the expectoration was not profuse, and, finally, on February 23, 1889, he died. The necropsy revealed an actinomycotic perityphlitis, with infiltration of the iliac fossæ on both sides and the pubis, associated with chronic peritonitis, a hepatic and peri-hepatic abscess, with perforation into the pleural cavity and consequent double pleuritis and slight pericarditis. The duration of the disease was, in all, five months. The diagnosis made from the peculiarity of the tumor in having a fluctuating point in its centre and in its stalactite-like running to a point. The vermiform appendix was assumed to be the point of departure for the disease. Actinomycotic perityphlitis has recently been described by Dr. Otto Lanz (Corresp. *Bl. f. Schweizer Aerzte*, 10-11, 1892). The disease is rare in Norway.—*Norsk Magazin for Lægevidenskaben*, No. 12, 1892.

III. Strangulated Femoral Hernia Involving only Part of Circumference of Bowel; Enterectomy; Enterorrhaphy; Recovery. By R. BORELLA (Novaro, Italy). A peasant woman, fifty-four years of age, who had always been well and borne four children with normal labors, noticed a node of the size of a nut in the right groin when twenty-eight years of age. It had remained